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CONFIRMATION NO. 7428

<b>SERIAL NUMBER</b> 09/973,216	<b>FILING OR 371(c) DATE</b> 10/09/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 018804.000004
<b>APPLICANTS</b> Edward H. Gilbert, Plano, TX;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/212,521 12/16/1998 PAT 6,381,576 O.K. DBC				
<b>** FOREIGN APPLICATIONS *****</b> None				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/26/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Dilek Kobayashi</i> DBC Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> 27643				
<b>TITLE</b> System, method, and computer program product for processing diagnostic, treatment, costs, and outcomes information for effective analysis and health care guidance				
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	